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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	0144
First Named Inventor	RAYMOND ZAPPE
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

LINER APPARATUS AND METHOD OF MAKING A LINER

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable)

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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<p>Name H. GORDON SHIELDS</p> <p>Address 7830 NORTH 23RD AVENUE</p> <p>Address</p> <table><tr><td>City PHOENIX</td><td>State AZ</td><td>ZIP 85021</td></tr><tr><td>Country U.S.A.</td><td>Telephone (602) 995-0490</td><td>Fax (602) 995-0876</td></tr></table>					City PHOENIX	State AZ	ZIP 85021	Country U.S.A.	Telephone (602) 995-0490	Fax (602) 995-0876
City PHOENIX	State AZ	ZIP 85021								
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>										
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) RAYMOND		Family Name or Surname ZAPPE								
Inventor's Signature				Date 1/23/2002						
Residence: City PHOENIX	State AZ	Country U.S.A.	Citizenship U.S.A.							
Mailing Address 4609 EAST DESERT VIEW DRIVE										
Mailing Address										
City PHOENIX	State AZ	ZIP 85044	Country U.S.A.							
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname								
Inventor's Signature				Date						
Residence: City	State	Country	Citizenship							
Mailing Address										
Mailing Address										
City	State	ZIP	Country							
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto										

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PTO/SB/81 (02-01)

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Application Number	
Filing Date	
First Named Inventor	RAYMOND ZAPPE
Title	LINER APPARATUS AND METHOD OF MAKING A LINER
Group Art Unit	
Examiner Name	
Attorney Docket Number	0144

I hereby appoint:

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H. GORDON SHIELDS	23,099

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	H. GORDON SHIELDS				
Address	7830 NORTH 23RD AVENUE				
Address					
City	PHOENIX	State	AZ	Zip	85021
Country	U.S.A.				
Telephone	(602) 995-0490	Fax	(602) 995-0876		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	RAYMOND ZAPPE
Signature	<i>Raymond Zappe</i>
Date	1/23/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

*Total of _____ forms are submitted.

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